PRE-VISIT EVALUATION TOOL

TEXAS DEPATMENT OF HEALTH
BUREAU OF HIV and STD PREVENTION
DISEASE INTERVENTION PROGRAM REVIEW

PROGRAM:

DATES OF REVIEW:

REVIEWERS:

PROGRAM MANAGER:

ADMINISTRATOR:

PERIOD REVIEWED:

PREVIOUS PAT RATING:

PRIORITY ASSESSMENT TOOL (PAT) RATING:

A. MANAGEMENT
(Prior to on-site visit, the local STD program management staff should respond in writing to the following items and make available to the review team at least one week prior to the on-site review):

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1. Provide current program organization chart.

2. Provide the table of contents of the procedure manual for the management of the program.

3. Provide a copy of procedures for tracking and referring of the following:
- Early Intervention Program for HIV positives
- Desensitization for pregnant females needing syphilis treatment who give a history of penicillin allergy
- Congenital Syphilis (790) treatment
- Pregnant females to prenatal care

4. Provide copies of correspondence and forms used by DIS to refer patients.

5. Check the following contents of individual employee folders maintained by the supervisor or program manager:
- Performance Standards for DIS
- Job description
- Orientation form
- Confidentiality statement
- Records security procedures
- Review of field safety issues
- Photo of employee, description of automobile and license tag number
- Emergency notification form

6. Describe the system for documenting the number of clients seeking service and seen the same day including walk-ins and phone-ins. Ninety percent of clinic clients are seen on same day is a contract requirement. Complete the following table for the review period _____:

number of clients seeking service	Number of clients given appointment for same day	number/percent seen same day	number scheduled another day	number/percent scheduled another day and seen

7. List STD*MIS reports run to manage program and how often.

8. Describe how program uses the above reports to improve program performance.

(Prior to on-site visit, the TDH review team members should respond in writing to the following items):

9. List dates received for the last two semi-annual narratives and "STD Program Objectives and Indicators Report".

10. Were the narratives and reports accurate and of sufficient quality to describe program activities?

Did the program meet 80% of "Funding Period Objectives" in the most recent semi-annual report and what percent of the objectives was met?

B. SUPERVISION

(Prior to on-site visit, the TDH review team members should respond in writing to the following items):

1. Complete the attached Case Management table. (Attachment 1 & 2)

2. Complete the attached Field Investigation table. (Attachment 3 & 4)

3. Complete workload analysis to determine if assignments of investigations are evenly distributed among DIS.

(Prior to on-site visit, the local STD program management staff should respond in writing to the following items and make available to the review team at least one week prior to the on-site review):

4. Submit orientation schedule and plan for new DIS with less than one year's experience.

5. Describe procedure for determining when STD staff is placed on Performance Improvement Plan (PIP).

6. How many staff members were placed on PIP in the last twelve months?

C. TRAINING

At least one week prior to the on-site review, the local STD program management staff should complete the following table for DIS, FLS, and Program Management Staff. (If staff member has over 5 years experience and no documentation is available, please estimate date of training.)

Staff Name	Hire Date	PCPE Date	ISTDI Date	Veni-puncture Date	STDIS Date	Principals Date	PCPE for Super. Date

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D.   INTERVIEW OBSERVATIONS (on-site)

E. INTERVIEW RECORDS AND CASE MANAGEMENT (on-site)

F. FIELD RECORDS (on-site)

G. FIELD INVESTIGATION OBSERVATIONS (on-site)

H. SURVEILLANCE

Prior to on-site visit, the TDH lead surveillance team member should respond in writing to the following items:

EPI PROFILE (Table of the past 5 year trend)

Counties In Jurisdiction	Chlamydia Current year	Year 2	Year 3	Year 4	Year 5
Total					

Counties In Jurisdiction	Gonnorhea Current year	Year 2	Year 3	Year 4	Year 5
Total					

Counties In Jurisdiction	HIV/AIDS Current year	Year 2	Year 3	Year 4	Year 5
Total					

Counties In Jurisdiction	Early Syphilis Current year	Year 2	Year 3	Year 4	Year 5
Total					

Counties In Jurisdiction	Total Syphilis Current year	Year 2	Year 3	Year 4	Year 5

Total					

(Prior to on-site visit, the local STD program management staff should respond in writing to the following items and make available to the review team at least one week prior to the on-site review):

1. Describe the system for processing HIV/STD reactive tests (record searched, initiated and assigned to DIS).

2. Describe the quality assurance system for processing HIV/STD reactive tests.

3. What percent of syphilis reactors are reported to program within 7 days of laboratory test (goal is 80%)?

4. Describe your ICCR system:
- Who is the primary and back-up point of contact?
- Who decides if an investigation will be initiated (incoming and outgoing)?
- Who tracks investigations (incoming and outgoing) to assure dispositions are received or provided by the due date?
- What is your procedure when an investigation is overdue?
- On the last ten high priority (HIV/syphilis) outgoing investigations:
  - Number called to investigating agency within one day: ___
  - Number dispositioned on or before the due date: ___
- On the last ten high priority (HIV/syphilis) incoming investigations:
  - Number initiated to a DIS within one day: ___
  - Number dispositioned on or before the due date and called to initiating agency: ___

(Prior to on-site visit, the TDH review team members should respond in writing to the following items):

5. What percent of priority reactive test reports needing field investigation are assigned to DIS within 24 hours of receipt from the laboratory or the provider (goal is 90%)?

6. What percent of morbidity reports are complete for race, ethnicity, and zip codes by disease (goal is 85%)? Attach missing values report.

7. What percent of STD*MIS data exports were received by Central Office on time in this time period (goal is 85%)?

I. PERINATAL STD/HIV CASE MANAGEMENT & PREVENTION:

(Prior to on-site visit, the local STD program management staff should respond in writing to the following items and make available to the review team at least one week prior to the on-site review):

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1. Describe the program's system to ensure accurate diagnosis, treatment, and reporting of both mothers and infants with suspected congenital syphilis and/or pediatric HIV.

2. List the major medical facilities where infants are delivered and your program's liaison to the facilities.

3. Describe the program's system for follow-up of parent(s) and siblings (where indicated) for examination, treatment, and interview for disease intervention.

4. What percent of prenatal/newborn reactors are dispositioned within 7 days of report to STD program (goal is 85%)?

(Prior to on-site visit, the TDH review team members should respond in writing to the following item):

5. What percent of congenital syphilis worksheets (Infant Syphilis Reactor Control Record) are submitted to TDH HIV/STD Surveillance Branch within 30 days of report to local/regional STD programs (goal is 90%)?

6. What percent of congenital syphilis reports submitted to the TDH HIV/STD Surveillance Branch are accurately completed in accordance with the "Infant Syphilis Reactor Control Record Instruction Sheet" (goal is 90%)?

J. HIV/STD Screening Activities
(At least one week prior to the on-site review, the local STD program management staff should respond in writing to the following items and make available to the review team the entrance conference):

1. Describe the program's STD clinics:
   - List all STD clinics and hours of operation in program area.
   - List labs used by the STD clinic.

2. Describe the GC/CT screening in non-STD settings:
   - List all non-STD clinics or providers that receive gen-probe supplies from TDH (Coordinate with labs that provide data for program's semi-annual report).
   - List non-STD clinics and providers that receive medications from the program.

3. Describe the system that assures that adequate treatment is provided to the GC/CT positives identified through the follow settings:
   - STD clinic
   - Non-STD clinics or providers listed above

4. Describe the system for providing partner services for GC/CT positives identified through the follow settings:
   - STD clinic

- Non-STD clinics or providers listed above

5. The standard for STD clients being routinely tested for HIV in STD clinics is 95%.
   - What percentage of STD clients were tested during the last semi-annual report period?
   - If objective was not met, what steps are being taken to improve performance?

6. Describe HIV/STD screening in the following settings:
   - Adult Jail
   - Adolescents (Juvenile Detention Centers & Schools)
   - Emergency Rooms
   - Managed Care
   - Other High Risk Settings

K. STD/HIV TARGETED OUTREACH and OUTBREAK CONTROL:
(Prior to on-site visit, the local STD program management staff should respond in writing to the following items and make available to the review team at least one week prior to the on-site review):

1. Describe how the STD program maintains a Rapid Response Plan.
   - When was the last time it was reviewed with relevant key people?
   - List relevant key people.
   - When was the plan last revised?
   - How were the thresholds established?
   - How does the plan include community input?
   - When was the last time the plan was implemented?
   - Please attach the current Rapid Response Plan.

2. Describe the system in place to conduct routine analysis for cases reported including person, place, time and behavioral risk factors:
   - How often is the analysis conducted?
   - Who conducts the analysis?
   - How is the analysis used in assessing morbidity trends?
   - How is the analysis used in detecting outbreaks?

L. EXPECTED-IN BOX (on-site)

M. PATIENT FLOW FROM CLINICIAN TO DIS (on-site)

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Attachment 1

This information is from Case Management Report-HIV

DIS/Team	# assigned	% IX	% IX w/in 3days	% RI	#cts	Ct index	%0 cts	# cts not X'ed	%new cts notified 7days	#clstr	clstr indx	% no clstr	#clstr not X'ed	% new clstr notified 7days	#new pos Id'ed
GOAL		90%	85%	75%		2			75%		1			75%	
PROGRAM															

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Attachment 2

This information is from Case Management Report-STD

DIS/Team	# assign	# IX'ed	% IX	% IX w/in 3days	% RI	DII	#cts	ct idx	% no cts	# new cts not X'ed	% new cts X'ed 7 days	# clstr	clstr idx	% no clstrs	# new clstr not X'ed	% new clstrs X'ed 7 days
GOAL			90%	85%	75%	.6		2			75%		1			75%
Program																

Attachment 3

This information is from Field Investigation Outcomes STD*MIS Report for 900, 901, 950

DIS/Team	#ct	#cl	#reac	#Fup/ OOJ	Total	% ct/cl X'ed	% ct/cl tested 7days	# dispo 3/6	#ct/cl dispo 2/5	#ct/cl dispoG	# H	#J	#L
GOAL						**80%**	**75%**						
Program													

Revised 6/24/2004

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Attachment 4

This information is from Field Investigation Outcomes STD*MIS Report for 700, 710, 720, 730

(Run a separate report for 740, 745, 750, 760, 790 if the Threshold Report indicates a need to do so.)

DIS/Team	#ct	#cl	#reac	#Fup/ OOJ	Total	% ct/cl examined	% ct/cl examined 7days	# dispo A (EpiTx)	#ct/cl dispoC (brought toTx)	#ct/cl dispoG	# H	#J	#L
GOAL						80%	75%						
Program													